#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### SUMMARY SHEET

(1)		(2) Annual Premium	(3) Percent
Coverage		<ul> <li>Volume (Illinois) *</li> </ul>	Change (+or-) **
Automobile Liabilit	ty Private		
Passenger			
Commercial			
Automobile Physic	cal Damag		
Private Passenger	•		
Commercial			
Liability Other Tha	n Auto		
Burglary and Thef	t .		
Glass			
Fidelity			
Surety			
Boiler and Machin	ery		
Fire			
Extended Coverage	je		
Inland Marine			
Homeowners			
Commercial Multi-	Peril		
Crop Hail			
Other Workers Compen	sation	53,734,878	-2.4%
Life of Insu	ırance		
Does filing only ar	nly to cert	ain territory (territories) or	certain
Classes? If so.	pry to con	diritoritory (territorico) or	Cottain
specify:	NA		
specify.	***		

Retrospective Rating Plan Parameters.

Retrospective Rating Plan Parameter-Excess Loss Factors, and CIF-2013-08 Item R-1407 - 2013 Update to

ACUITY, A Mutual Insurance Company Name of Company

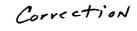
Heidi White, Regulatory Filing Technician

Official - Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# ILLINOIS DEPARTMENT OF INSURANCE Correction **SUMMARY SHEET**



Change in Company's premium or rate level produced by rate revision effective \_\_o\_-o\_-o\_-o\_-o\_-(3) (1) (2) **Annual Premium** Percent Change (+ or -)\*\* Volume (Illinois)\* Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage 2. Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 9,774,096 -0.2% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Pertains to industrial class codes Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI loss costs effective 1/1/2014 \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. American Alternative Insurance Corporation Name of Company Michelle Freitag, Consulting Actuary Official - Title

#### FORM (RF-3)

#### SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		and the second s
Liability Other Than Auto		
Burglary and Theft		
Glass		4-174
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other 16.0 - Workers' Compensation	130,401	+2.6%
Line of Insurance		
Does filing only apply to certa	ain territory (territories) or	certain
Classes? If so,	,	
specify: No No		· · · · · · · · · · · · · · · · · · ·
Priof description of filing (If	filing follows rates of an as	luicon
Brief description of filing. (If Organization, specify	ming rollows rates of an ac	ivisoi y
organization):	Adaption of NCCI Illinois V	oluntary Market-Approval of Ac
,	tive January 1, 2014 under NCCI Circula	

American Automobile Insurance Company

Name of Company

William Paukovitz/SR VP/Chief Compliance Officer

Official – Title

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# ILLINOIS SUMMARY SHEET FORM RF-3

Cha	ange in Company's premium or rate level produced by	rate revision effective	January 1, 2014
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability	voidine (illinois)	Change (* cr. )
١.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.	Liability Other than Auto	<del></del>	
	-		
4. 5.	Burglary and Theft Glass		
			<u> </u>
6. <b>7</b>	Fidelity		
7. •	Surety		
8.	Boiler and Machinery		
9. 10.	Fire		
11.	Extended Coverage Inland Marine		
12.	Homeowners	<del></del>	
12. 13.	Commercial Multi-Peril		
13. 14.	Crop Hail		
1 <del>4</del> . 15.	Workers Compensation	63,528	-1.8
15. 16.	Other		
10.	Line of Insurance	<del></del>	
Doe	es filing only apply to certain territory (territories) or ce	rtain classes? If so, specify	
500			
	of description of filing (if filing follows rates of an advisor I Advisory Rates approved under NCCI Circular IL-20		
Revi	sion of Miscellaneous Values - Premium Determinatio	n of Partners and Sole Proprieto	ors.
			<u> </u>
*	Adjusted to reflect all prior rate changes.		
**	change in Company's premium level which will resul	t from application of new rates.	
		American Business & Mercan	tile Insurance Mutual, Inc.
	_	Name of C	
		Janice L. Hohen	stein CPCU
		Actuarial A	
	<del>-</del>	Official	Title

#### ILLINOIS SUMMARY SHEET

#### FORM RF-3

Chang	ge in Company's premium or rate level produced by rate	e revision effective:	1/1/2014
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
3 4 5 6	<ul> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> </ul>		
15 16		4,894,069	0.3%
	filing only apply to certain territory (territories) or certain description of filing (if filing follows rates of an adviso We are filing to adopt the 1/1/2014 NCCI IL voluntary	ory organization, specify organization).	Not Applicable  effective date of 1/1/2014
*	In-force Written Premium Change in Company's premium level which will result		mpany of Reading, PA
		Name of	Company
		Robert Anderson, ACAS, A Official	

Change in Company's premium or rate level produced by rate revision effective		ive January 1, 2014
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance	-\$441,279	-5.8%
Does filing only apply to certain territory No.		
* Adjusted to reflect all prior rate chan * Change in Company's premium lever result from application of new rates.  * The company's premium lever result from application of new rates.	ges.	American Home Assurance Company Name of Company  Walter Murphy Filings Analyst Official - Title
H29219D	_	Filings Analyst

## FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium or ra	ite level produced by rate revision
effective January 1, 2014	

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		, , , , , , , , , , , , , , , , , , ,
Automobile Physical Dama	9	•
Private Passenger		_
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass	<del> </del>	
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other 16.0 - Workers' Compensation	2,308,927	+2.6%
Line of Insurance		
Classes? If so,	rtain territory (territories) or	certain
specify: No		· · · · · · · · · · · · · · · · · · ·
Brief description of filing. (I	If filing follows rates of an ad	dvisory
Organization, specify		
organization):	Adoption of NCCI Illinois V	oluntary Market-Approval of Advisory
Rates, Loss Costs, and Rating Values Eff	fective January 1, 2014 under NCCI Circul	lars IL-2013-06, IL-2013-03 and IL-2013-05
*Adjusted to reflect all prior **Change in Company's pre- rates.		t from application of new

The American Insurance Company

Name of Company

William Paukovitz/SR VP/Chief Compliance Officer

Official — Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Correction

Change in Company's premium or rate level produced by rate revision effective 0/- 0/- 2014 (3) (1) (2) **Annual Premium Percent** Change (+ or -)\*\* Volume (Illinois)\* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto **Burglary and Theft** 4. 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 133,005 -4.8% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Pertains to industrial class codes Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI loss costs effective 1/1/2014 \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. American Modern Home Insurance Company Name of Company Michelle Freitag, Consulting Actuary Official - Title

### ILLINOIS DEPARTMENT OF INSURANCE

		01-01-2014
Change in Company's premium or rate le	vel produced by rate revision effective	<del>-6.5% or -\$10,62</del> 2
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other <u>Workers Compensation</u>	\$162,642	-6.5%
Brief description of filing. (If filing follows r	erritories) or certain classes? If so, specify ates of an advisory organization, specify or n cirulars IL-2013-03, IL-2013-05 and IL-20	ganization):
Adjusted to reflect all prior rate changes. *Change in Company's premium level wh	nich will result from application of new rates	
		Property and Casualty Company Name of Company
	Susan Gra	nich-Compliance Analyst Official – Title
		Official – Title

## **ILLINOIS DEPARTMENT OF INSURANCE**

Chai	nge in Company's premium or rate le	evel produced by rate revision effective	May 1, 2014
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. /	Automobile Liability Private	•	
2. /	Passenger Commercial Automobile Physical Damage		
3 1	Private Passenger Commercial Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
9. F			
	Extended Coverage		
	nland Marine		
	Homeowners Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation Line of Insurance	7,499,723	+2.6%
Brief busir 2013	description of filing. (If filing followness effective May 1, 2014, we are -06, with revision to our deviation f	territories) or certain classes? If so, specify s rates of an advisory organization, specificadopting the NCCI rates announced in Cirom 1.150 to 1.250. Our company Miscel effect the revised deviation, will replace page	y organization): <u>For new and renewal</u> rcular IL-2013-03 and approved in IL- laneous Values Page, IL-WC-MV-AIC
The	information provided is exact.		
<u>i ne</u>	mormation provided is exact.		
	usted to reflect all prior rate changes ange in Company's premium level w	hich will result from application of new rate	S.
		Amerisi	ure Insurance Company Name of Company
		Tracy Upcott	- Senior Compliance Analyst
			Official – Title

## ILLINOIS DEPARTMENT OF INSURANCE

Change in Compan	y's premium or rate level p	roduced by rate revision effective	May 1, 2014
	1) erage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liab			,
2. Automobile Phy	Commercial sical Damage senger Commercial		
3. Liability Other T			
4. Burglary and Th			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Macl	ninerv		
9. Fire			
10. Extended Cove	rage		
11. Inland Marine			
12. Homeowners			
13. Commercial Mu	lti-Peril		
14. Crop Hail			
15. Other Workers Line	Compensation of Insurance	8,495,036	+4.8%
Does filing only app	ly to certain territory (territory	ories) or certain classes? If so, speci-	fy: <u>no</u>
Brief description of business effective N	filing. (If filing follows rate	es of an advisory organization, spec ting the NCCI rates announced in C	ify organization): <u>For new and renewal</u> Dircular IL-2013-03 and approved in IL-
2013-06. with revisi	on to our deviation from 1	.350 to 1.500. Our company Miscel	Ianeous Values Page, IL-WC-MV-AMIC
Ed. 05/14, which ha	s been amended to reflect	the revised deviation, will replace pa	age IL-WC-MV-AMIC Ed. 05/13.
The information pro	vided is exact.		
	all prior rate changes. .ny's premium level which	will result from application of new rate	es.
		A	Moderal Incomes and October
		Amerisure	Mutual Insurance Company Name of Company
		Tracy Upco	tt - Senior Compliance Analyst Official – Title

## ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	evel produced by rate revision effective _	May 1, 2014
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private     Passenger Commercial		
Automobile Physical Damage     Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	31,503	-4.5%
Does filing only apply to certain territory (	territories) or certain classes? If so, spec	ify: no
business effective May 1, 2014, we are 2013-06, with no revision to our deviat	s rates of an advisory organization, spec adopting the NCCI rates announced in ion of 1.000. Our company Miscellane o reflect the state number in the header	Circular IL-2013-03 and approved in IL- ous Values Page, IL-WC-MV-APIC Ed.
The information provided is exact.		
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new ra	tes.
	Amoriouro	Partners Insurance Company
	Amensure	Name of Company
	Tracy Upcc	ott - Senior Compliance Analyst Official - Title

## FORM (RF-3)

	Change in Company's premit effective January 1, 2014	um or rate level produced t	by rate revision
-	(1)	(2) Annual Premium Valuma (Illinaia) *	(3) Percent
4	Coverage	- Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
2	Commercial Automobile Physical Demos		
2	Automobile Physical Damag		•
	Private Passenger		
2	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. <b>7</b>	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		<u> </u>
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$2,703,001	-4.0%
•	Life of Insurance		
	Does filing only apply to certa Classes? If so,	ain territory (territories) or o	certain
	specify: No No		
	Brief description of filing. (If of Organization, specify organization):  IL-2013-06), which reflects an overall description.	Effective 1/1/14 we wish to	adopt NCCI Voluntary Rates (Circular
	*Adjusted to reflect all prior rates.		from application of new
		AmGUARD Insuran	ce Company
		Nam	ne of Company
			te Filings Representative II
		0	fficial – Title

# FORM (RF-3)

Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril	Volume (Illinois) *	Change (+or-) **
Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		
Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Soiler and Machinery Fire Extended Coverage Island Marine Homeowners Commercial Multi-Peril		
Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Burety Boiler and Machinery Fire Extended Coverage Island Marine Homeowners Commercial Multi-Peril		
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		
Commercial Liability Other Than Auto Burglary and Theft Blass Fidelity Burety Boiler and Machinery Extended Coverage Island Marine Homeowners Commercial Multi-Peril		
Liability Other Than Auto Burglary and Theft Glass Fidelity Burety Boiler and Machinery Fire Extended Coverage Island Marine Homeowners Commercial Multi-Peril		
Burglary and Theft  Blass  Fidelity  Burety  Boiler and Machinery  Fire  Extended Coverage  Island Marine  Homeowners  Commercial Multi-Peril		
Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		
Fidelity Surety Soiler and Machinery Fire Extended Coverage Island Marine Homeowners Commercial Multi-Peril		
Surety  Boiler and Machinery  Fire  Extended Coverage  Island Marine  Homeowners  Commercial Multi-Peril		
Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		
Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		
Extended Coverage nland Marine Homeowners Commercial Multi-Peril		
nland Marine Homeowners Commercial Multi-Peril		
lomeowners Commercial Multi-Peril		
Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
	,	
Nana 1 1 a i i		
Crop Hail		
Other Workers Compensation	\$25,787	+8.3%
Life of Insurance	•	
Does filing only apply to certa	in territory (territories) o	r certain
Classes? If so,	, , , , , , , , , , , , , , , , , , , ,	
specify: No		
Brief description of filing. (If fi	iling follows rates of an a	advisory .
Organization, specify	_	•
organization):	Adopting loss costs unde	er NCCI circular IL-2013-03.
-		
	·	
Adjusted to reflect all prior ra		
*Change in Company's prem	ium level which will resu	ult from application of ne
rates.		
	Ansur America Ins	
	Na Annie Kribs - Produ	ame of Company

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	1/1/2014
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
<u>Coverage</u>	volume (minois)	Change (1 or -7
Automobile Liability Private		
Passenger Commercial		
<ol> <li>Automobile Physical Damage         Private Passenger Commercial     </li> </ol>		
3. Liability Other Than Auto	· · · · · · · · · · · · · · · · · · ·	
4. Burglary and Theft		
5. Glass		
<u> </u>		
7. Surety		
9 Poilor and Machinem		
9. Fire		
10. Extended Coverage		
<del> </del>	,	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WC	209,245	0.8%
Line of Insurance	-	
Does filing only apply to certain territory (territ	tories) or certain classes? If so, specify:	N/A
Diel in een deen en		1
Brief description of filing. (If filing follows rates		
Adoption of NCCI's 1/1/2014 Loss Cost. We	will not be making any changes to our t	currently filed LCMs.
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will recult from application of new rates	
Change in Company's premium level which	will result from application of new rates.	
	Arognout Groot	Control Incurance Company
	'	anio or company
	Stefanie Weste	rdahl Sr. Regulatory Analyst
		Official – Title
	<u> </u>	Central Insurance Company lame of Company rdahl Sr. Regulatory Analyst Official – Title

## **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate le	evel produced by rate revision effective	1/1/2014
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
<ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> </ol>		
<ul><li>10. Extended Coverage</li><li>11. Inland Marine</li><li>12. Homeowners</li><li>13. Commercial Multi-Peril</li><li>14. Crop Hail</li></ul>		
15. Other WC Line of Insurance	3,085,016  territories) or certain classes? If so, specify: <u>N</u>	-6.3% N/A
Adoption of NCCI's 1/1/2014 Loss Cost.  *Adjusted to reflect all prior rate changes		
**Change in Company's premium level w	hich will result from application of new rates.  Argonaut Na	Insurance Company me of Company
		dahl Sr. Regulatory Analyst Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level prod	uced by rate revision effective _	1/1/2014
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Deire to December Commencial		
2 Linklik Other There Australia		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
O Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WC	865,275	4.7
Line of Insurance		
Does filing only apply to certain territory (territorie	s) or certain classes? If so, spe	cify: N/A
Brief description of filing. (If filing follows rates 1/1/2014 Loss Cost. Making no changes to curre		pecify organization): Adoption of NCCI's
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will		ates
		ut-Midwest Insurance Company

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### SUMMARY SHEET

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
-	Automobile Liability Private		3-1
	Passenger		
	Commercial		No. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10
	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other 16.0 - Workers' Compensation  Line of Insurance	286,531	+2.6%
Does filing only apply to certain territory (territories) or certain			
	Classes? If so,		
	specify: No No		

Associated Indemnity Corporation Name of Company

William Paukovitz/SR VP/Chief Compliance Officer

Official - Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium	or rate	level produced b	by rate revision
effective <u>01/01/2014</u>	•		

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		-
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	-	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	3,467,644	-9.0
	Life of Insurance		
	Does filing only apply to certain	territory (territories) or cert	ain
	Classes? If so,		
	specify: N/A		

Brief description of filing. (If filing follows rates of an advisory Organization, specify

organization): Adopting NCCI's revised loss costs per circular IL-2013-06 and IL-2013-03 while maintaining each company's current expense multiplier. This filing will apply to all new and renewal business with effective dates on or after January 1, 2014

Name of Company

Dan Trotter, Director - Rate Dev & Filings

Official – Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium	or rate level produced by rate revision
effective <u>01/01/2014</u>	

	ellective <u>01/01/2014</u>	<del></del> ·	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	9,016,472	-9.0
	Life of Insurance		
	Does filing only apply to certain to	erritory (territories) or certai	n
	Classes? If so,		
	specify: N/A		
	Brief description of filing. (If filing	follows rates of an advison	,
	Organization, specify	lollows rates of all advisors	<b>'</b>
	organization): Adopting NCCI's re	evised loss costs per circula	ar II -2013-06 and II -2013-03
	while maintaining each company	's current expense multiplie	r This filing will apply to all new
	and renewal business with effect		
	*Adjusted to reflect all prior rate of		
	**Change in Company's premium		application of new rates.
			• •

Bituminous Casualty Corporation

Name of Company

Dan Trotter, Director - Rate Dev & Filings

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	1/1/2014
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
<ol> <li>Automobile Physical Damage Private Passenger Commercial</li> </ol>		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$48,003,060	-5.8% (est)
Brief description of filing. (If filing follows	territories) or certain classes? If so, specificates of an advisory organization, specify ues. Current LCM's of 1.56 standard an	organization): This filing is to adopt the
		<del></del>
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	nich will result from application of new rate	es. t Mutual Insurance Company Name of Company
	Bob Crossan	, Vice President of Underwriting Official – Title

## FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium	or rate level produced by rate revision
effective 01/01/2014	

	<del></del>	
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
•		Particular de la constantina della constantina d
,		
<u> </u>		
•		
Glass		
Fidelity		
Surety	**************************************	
•		
–	·	
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	17,754,196	-5.8%
Life of Insurance		
Does filing only apply to certa Classes? If so, specify: No	in territory (territories) or	certain
Brief description of filing (If fi	ling follows rates of an a	advisory
	ing follows rates of art a	id visor y
	Adoption of NCCI approve	d loss costs reference circular IL-2013-06
· ·		
**Change in Company's prem		lt from application of new
	Carolina Casualtv	Insurance Company
		me of Company
		m Leader Underwriting Operations
	Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Life of Insurance  Does filing only apply to certa Classes? If so, specify:  No  Brief description of filing. (If fi Organization):  *Adjusted to reflect all prior ra	Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Life of Insurance  Does filing only apply to certain territory (territories) or Classes? If so, specify: No  Brief description of filing. (If filing follows rates of an a Organization, specify organization):  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will resurates.  Carolina Casualty Na

Official - Title

ı	Change in Company's premium or rate	e level produced by rate revision effect	ctive 01/01/2014
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	<u> </u>	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	7.670.540	7.00/
15.	Other Workers Compensation	5,670,540	-5.8%
	Line of Insurance		
	iling only apply to certain territory (ter	rritories) or certain classes? If so, spe	ecify:
No.			
Pres	description of filing. (If filing follows erver Insurance Company herewithing Values effective 1/1/2014.		
			<del></del>
** Cl	djusted to reflect all prior rate changes hange in Company's premium level wh sult from application of new rates.		
			CastlePoint National Insurance Company
		_	Name of Company
		·	Faye V. Storch
			Senior Business Analyst
			Official Title

### ILLINOIS SUMMARY SHEET

## FORM RF-3

ange in Company's premium or rate level produc	ced by rate revision effective	January 1, 2014
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage	volume (minois)	Change (* or -)
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		<u></u>
Boiler and Machinery		
, Fire		
. Extended Coverage		
. Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
. Crop Hail	20.170.000	= 40/
. Workers Compensation	22,173,368	-7.4%
Other		
Line of Insurance		
es filing only apply to certain territory (territories)	or certain classes? If so, specify No.	
	,	
ef description of filing (if filing follows rates of an		pption of NCCI approved
orkers Compensation loss costs and ra	ating values per NCCl Circular IL-2013-03.	
· · · · · · · · · · · · · · · · · · ·		
* Adjusted to reflect all prior rate changes		
Changes in Company's premium level which	h will result from application of new rates.	
Changes in company a promisin to for white		
	The Charter Oak E	ire Insurance Company
	Name of C	
	realite of C	Ompany
	X (11)	- Regulatory AMA
	12 6 4 4 6 6 44 6 44	- 5-00.40 4-0 4 6.41

### SUMMARY SHEET

		ive January 1, 2014
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage Private Passenger		
Glass		
Fidelity		
Surety		
Fire		
Extended Coverage		
Inland Marine		
. Homeowners . Commercial Multi-Peril		
. Crop Hail		
Other Workers' Compensation	\$721,329	-5.8%
Line of Insurance	Ψ. Σ.,ΘΣΟ	
as films only apply to contain tomitos.	erritories) or certain classes? If	so, specify:
ef description of filing. (If filing follows referring based on NCCI's approved a	dvisory loss costs	, specify organization):
ef description of filing. (If filing follows r	advisory loss costs es.	, specify organization):
ef description of filing. (If filing follows referred to the filing based on NCCI's approved an Adjusted to reflect all prior rate change Change in Company's premium level of the file.	advisory loss costs es.	
ef description of filing. (If filing follows referred to the filing based on NCCI's approved an Adjusted to reflect all prior rate change Change in Company's premium level of the file.	advisory loss costs es.	, specify organization):  Chartis Casualty Company  Name of Company
ief description of filing. (If filing follows rate filing based on NCCI's approved a  Adjusted to reflect all prior rate change Change in Company's premium level of	advisory loss costs es.	Chartis Casualty Company
ief description of filing. (If filing follows rate filing based on NCCI's approved a  Adjusted to reflect all prior rate change Change in Company's premium level	advisory loss costs es.	Chartis Casualty Company Name of Company

H29219D

Change in Company's premium or rate le	evel produced by rate revision effecti	ve January 1, 2014
	•	
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger Commercial		
Automobile Physical Damage     Private Passenger		
Commercial		
3. Liability Other Than Auto		
<ul><li>4. Burglary and Theft</li><li>5. Glass</li></ul>		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$11,524	-5.8%
Line of Insurance	Ψ11,024	-0.070
Line of insurance		
Does filing only apply to certain territor <b>No.</b>	ry (territories) or certain classes? If s	so, specify:
Brief description of filing. (If filing follo		, specify organization):
Rate filing based on NCCI's approve		
* Adjusted to reflect all prior rate cha		
Change in Company 3 premium ie		
result from application of new rate	<b>S</b> .	
		Chartia Branarty Casualty Company
		Chartis Property Casualty Company
		Name of Company
		Wolton M b
		Waiter Murphy
	<u> </u>	Filings Analyst
1100040D		Official - Title
H29219D		

# ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate	level produced by rate revision effective	March 1, 2014
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private     Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		T-100
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	07.550.404	
15. Other Workers Compensation Line of Insurance	37,553,191	7.8
Does filing only apply to certain territory	(territories) or certain classes? If so, specif	y: All Classes and codes are affected.
	s rates of an advisory organization, specify once NCCI circulars IL-2013-06 and IL-2013-	
*Adjusted to reflect all prior rate change: **Change in Company's premium level v	s. which will result from application of new rate	es.
	The Cine	cinnati Casualty Company
	The Cine	Name of Company
	Кага Агг	mstead - Filings Specialist
		Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	March 1, 2014
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial  2. Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	-	
Boiler and Machinery		
9. Fire _		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	<del></del>	
14. Crop Hail	0 == 1 0 1 1	
15. Other Workers Compensation Line of Insurance	8,754,341	
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify	All Classes and codes are affected.
	ates of an advisory organization, specify or e NCCI circulars IL-2013-06 and IL-2013-0	
rates effective 1/ 1/2014. Flease reference	e NCCI circulars in-2013-00 and in-2013-0	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rates	
		nnati Indemnity Company
		Name of Company
	Kara Arm	stead - Filings Specialist
		Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate	level produced by rate revision effective	March 1, 2014
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercia	1	
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
<ul><li>13. Commercial Multi-Peril</li><li>14. Crop Hail</li></ul>		
15. Other Workers Compensation	6,760,620	-11.8
Line of Insurance	0,700,020	11.0
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	y: All Classes and codes are affected.
	s rates of an advisory organization, specify once NCCI circulars IL-2013-06 and IL-2013-0	
Tales effective 17 1720 F4. 1 Tease Terere	THE TWO OF OIL CALARY TE 20 TO GO ATTA TE 20 TO	
*Adjusted to reflect all prior rate change **Change in Company's premium level	es. which will result from application of new rate	s.
	The Cinc	innati Insurance Company
		Name of Company
	Kara Arn	nstead - Filings Specialist
		Official – Title

# Form (RF-3) <u>SUMMARY SHEET</u>

hange in Company's premium or rate leve	el produced by rate revision effective	January 1, 2014
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
L. Automobile Liability		
Private Passenger		
Commercial  Automobile Physical Damage		
Private Passenger  Commercial		
Liability Other Than Auto		
. Burglary and Theft		
. Glass		
. Fidelity		
. Surety		
Boiler and Machinery		
Fire		
0. Extended Coverage 1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers' Compensation	\$34,534,514	-5.8%
Line of Insurance	<del></del>	
0.	territories) or certain classes? If so, specific so, spec	
ate filing based on NCCI's approved		
Adjusted to reflect all prior rate change Change in Company's premium level		
result from application of new rates.		
	Commerce and Industry I	
	Name of Cor	mpany
	Walter Mu	
•	Filings Ana	
	Official - 1	ītle

H29219D

### FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium of	r rate level	produced	by rate	revision
effective 01/01/2014		•	•	

-	(1)	(2) Annual Premium	(3) Percent
1.	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-) **
١.	Passenger		
	Commercial		
2	Automobile Physical Damag		
<b>-</b>	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		***************************************
7.	Surety		**************************************
8.	Boiler and Machinery	***************************************	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	333,348	-4.0%
	Life of Insurance		
*	Does filing only apply to certa Classes? If so, specify: No	in territory (territories) or	certain
	Brief description of filing. (If find Organization, specify	-	·
	organization):		's 1/1/2014 loss cost with no
	changes to our current LCM of 1.69	99 enecave 1/1/2014	
	*Adjusted to reflect all prior ra	te changes.	
	**Change in Company's prem		t from application of new

Companion Commercial Ins. Co.

rates.

### FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2014

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger	•	
	Commercial	*****	
2	Automobile Physical Damag		
_	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		-
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	The translation of the delivery of the second of the secon	N/A
9.	Fire	## # 11 1 JAN 1975 - EARNING HAT WAS A STATE OF THE STATE	IN/A
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		4864 ** add 15 acceptance of the acceptance of
15.	Other Workers Compensation	10,084,354	-3.1%
	Life of Insurance	10,001,001	-0.170
•			
	Does filing only apply to certain	in territory (territories) or	certain
	Classes? If so,		
	specify: NO		
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify		
	organization):		l's 1/1/2014 loss costs with no
	changes to our current LCM of 1.94	7 effective 1/1/2014.	
	*Adjusted to reflect all price and	to changes	
	*Adjusted to reflect all prior ra **Change in Company's premates.		t from application of new
	14(00)		

Companion Property and Casualty Ins. Co.

Name of Company

Official – Title

#### ILLINOIS SUMMARY SHEET

#### FORM RF-3

		by rate revision effective:	1/1/2014
	(1)	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) *
	Coverage	volume (Illinois) "	Change (+ or -)
1.	Automobile Liability		
	Private Passenger		
	Commercial	**************************************	
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other than Auto		
	Burglary and Theft		
	Glass		· · · · · · · · · · · · · · · · · · ·
	Fidelity		
	Surety		
	Boiler and Machinery		· · · · · · · · · · · · · · · · · · ·
	Fire		
	Extended Coverage		
	Inland Marine	<del></del>	
	Homeowners	<del></del>	-
	Commercial Multi-Peril		
	Crop Hail	·	
•		8,542,626	-0.7%
•	Workers Compensation	8,342,020	-0.770
•	Other:		
filin	g only apply to certain territory (territories) or	certain classes? If so, specify.	Not Applicable
desc	cription of filing (if filing follows rates of an active are filing to adopt the 1/1/2014 NCCI IL volu		effective date of 1/1/2014
deso <u>We</u> In-		untary loss costs and filing our LCMs, with ar	effective date of 1/1/2014
desc <u>We</u> In-	e are filing to adopt the 1/1/2014 NCCI IL volutions force Written Premium	untary loss costs and filing our LCMs, with an arresult from application of new rates.	
desc <u>We</u> In-	e are filing to adopt the 1/1/2014 NCCI IL volutions force Written Premium	untary loss costs and filing our LCMs, with an arresult from application of new rates.  Continental Ca	sualty Company
desc <u>We</u> In-	e are filing to adopt the 1/1/2014 NCCI IL volutions force Written Premium	untary loss costs and filing our LCMs, with an arresult from application of new rates.  Continental Ca	
desc <u>We</u> In-	e are filing to adopt the 1/1/2014 NCCI IL volutions force Written Premium	untary loss costs and filing our LCMs, with an arresult from application of new rates.  Continental Ca	sualty Company Company

#### ILLINOIS SUMMARY SHEET

#### FORM RF-3

Chang	e in Company's premium or rate level produced by ra	te revision effective:	1/1/2014	
C	(1)	(2)	(3)	
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **	
1	. Automobile Liability Private Passenger			
	Commercial			
2	Private Passenger			
	Commercial			
3				
4	,			
5				
6	· · · · · · · · · · · · · · · · · · ·			
7		-		
8				
9				
10				
11	. Inland Marine			
12	. Homeowners			
13	. Commercial Multi-Peril			
14	. Crop Hail			
15	. Workers Compensation	985,530	-8.5%	
16	. Other:			
	iling only apply to certain territory (territories) or cert		Not Applicable	
	lescription of filing (if filing follows rates of an adviss We are filing to adopt the 1/1/2014 NCCI IL voluntar		effective date of 1/1/2014	
	In-force Written Premium Change in Company's premium level which will resu	lt from application of new rates.		
		The Continental In	Suran aa Cammanu	
			The Continental Insurance Company  Name of Company	
		name of C	company	
			•	
		Robert Anderson, ACAS, Ac	ctuarial Consulting Director	
		Official		

# FORM (RF-3)

#### **SUMMARY SHEET**

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **	
	utomobile Liability Private	- tolario (minolo)	<u>Onlango ( or )</u>	
	assenger			
	ommercial		· · · · · · · · · · · · · · · · · · ·	
	utomobile Physical Damag			
	rivate Passenger			
	ommercial			
	ability Other Than Auto			
	urglary and Theft			
	lass			
	delity			
	urety			
	oiler and Machinery			
Fi				
	ktended Coverage			
	land Marine			
	omeowners	**************************************		
	ommercial Multi-Peril			
	op Hail			
Ot	her Workers Compensation	158,700	4.1	
	Life of Insurance			
С	oes filing only apply to certain lasses? If so, pecify:	in territory (territories) or	certain	
2)				
Brief description of filing. (If filing follows rates of an advisory				
	rganization, specify			
or	rganization):	Adopt NCCI Rates and Rat	ting Values effective 1/1/2014.	
* ^	Adjusted to reflect all prior ra	to changes		
**	Change in Company's premites.	•	from application of new	
		Dakota Truck Unde	rwriters	
		<del></del>		
		Nan	ne of Company	

Official - Title

#### ILLINOIS SUMMARY SHEET

## FORM RF-3

range in Company's premium or rate level produced by r	rate revision effective	January 1, 2014
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
. Automobile Liability		
Private Passenger		
Commercial		
. Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
. Burglary and Theft		
. Glass	•	
. Fidelity		
. Surety		
Boiler and Machinery		<del>-</del>
. Fire		
. Extended Coverage		
. Inland Marine		<del></del>
. Homeowners	***************************************	
Commercial Multi-Peril		-
· Crop Hail		-
. Workers Compensation	2,046,151	-3.5%
. Other	2,010,101	
Line of Insurance		
Emo of mourance		
es filing only apply to certain territory (territories) or certain	ain classes? If so, specify No	
ef description of filing (if filing follows rates of an advisor	ry organization, specify organization) Ad	option of NCCI approved
orkers Compensation loss costs and rating va		
		· · · · · · · · · · · · · · · · · · ·

` Adjusted to ref	lect all prior r	ate changes
-------------------	------------------	-------------

Discover Property and Casualty Insurance Company

Name of Company

Official - Title

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

# FORM (RF-3)

## **SUMMARY SHEET**

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	Change (+or-) **_
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
iability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$891,633	-2.4%
Life of Insurance	<del></del>	
Does filing only apply to certa Classes? If so, specify: No	ain territory (territories) or	certain
Brief description of filing. (If f	filing follows rates of an a	dvison
Organization, specify	ming follows rates of all a	a visoi y
organization):	Effective 1/1/14 we wish to	adopt NCCI Voluntary Rates (0
,	ecrease of -4.5% for all new and re	

EastGUARD Insurance Company Name of Company Mitch Matthews - State Filings Representative II Official - Title

rates.

# ILLINOIS SUMMARY SHEET

# FORM RF-3

Chan	ge in Company's premium or rate level produced by r	ate revision effective	January 1, 2014
	(1)	(2) Annual Premium	(3) Percent Change (+ or -)**
	Coverage	Volume (Illinois)*	Change (+ or -)
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		<del></del>
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
).	Fire		
0.			
1.	Inland Marine		
2.	Homeowners	***	
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Workers Compensation	9,483,743	-7.2%
6.	Other	, , , , , , , , , , , , , , , , , , , ,	
•	Line of Insurance		
oes	filing only apply to certain territory (territories) or certain	ain classes? If so, specify N	0.
	description of filing (if filing follows rates of an advisor kers Compensation loss costs and rating va		doption of NCCI approved
*	Adjusted to reflect all prior rate changes		
**	Changes in Company's premium level which will re-	sult from application of new rates.	
		Formington	Coough, Company
		i annington	Casualty Company

Regulatory Analyst

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2014

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
_	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners	<u> </u>	
	Commercial Multi-Peril	-	
	Crop Hail	\$2,455,970	-4.8%
15.	Other Workers' Compensation  Line of Insurance	\$2,455,970	-4.6%
	Line of insurance		
Doe	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	No.
	so ming only apply to contain termony (is	simonos, or contain diacecon in co, epoch,	
	ef description of filing. (If filing follows ra lar IL-2013-06.	ates of an advisory organization, specify orga	anization): Adopting NCCI loss cost
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates.	
		Farmland Mutual Insurance Cor	mpany
			ne of Company
		Tom Jurgens - Underwriting	
		0	Official – Title

#### ILLINOIS SUMMARY SHEET

### FORM RF-3

han	ge in Company's premium or rate level produced	by rate revision effective	January 1, 2014
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)*
١.	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial	<u></u>	
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		•
	Fidelity		
	Surety		
	Boiler and Machinery		·
	Fire		
١.	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	-	
i.	Workers Compensation	372,605	-4.0%
	Other		
	Line of Insurance		
es	filing only apply to certain territory (territories) or o	ertain classes? If so, specify	No.
	description of filing (if filing follows rates of an adv		Adoption of NCCI approved
or	kers Compensation loss costs and rating	g values per NCCI Circular IL-2013-0	3.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Fidelity and Guaranty Insurance Company

Name of Company

# ILLINOIS SUMMARY SHEET

## FORM RF-3

Chan	ge in Company's premium or rate level produced by rate rev	vision effective	January 1, 2014
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
· }.	Boiler and Machinery		
).	Fire		
j.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners	<del></del>	
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Workers Compensation	18,083	-10.8%
3.	Other		
٥.	Line of Insurance		
	Elife of moundines		
oes	filing only apply to certain territory (territories) or certain class	sses? If so, specify No	
riof	description of filing (if filing follows rates of an advisory orga	nization specify organization) Ad-	option of NCCI approved
	kers Compensation loss costs and rating values		орион от теот аррготеа
<del>/ OI</del>	kers Compensation loss costs and rating values	per 14001 Official 12-2010 00.	
—			
*	Adjusted to reflect all prior rate changes		
*	Changes in Company's premium level which will result fro	m application of new rates	
	Changes in Company's promisin level which will result no	application of non-ratios.	
		Et la Paris	
			Insurance Underwriters, Inc.
		Name of 0	Company
			0 / 1
		DiAne Smith	n - Reglaton Analys

15.

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

	effective January 1, 2014	·	
_	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		

Line of Insurance

Other 16.0 - Workers' Compensation

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

339,460

Brief description of filing. (If filing follows rates of an advisory Organization, specify

organization):

Adoption of NCCI Illinois Voluntary Market-Approval of Advisory

+2.6%

Rates, Loss Costs, and Rating Values Effective January 1, 2014 under NCCI Circulars IL-2013-06, IL-2013-03 and IL-2013-05

Fireman's Fund Insurance Company Name of Company William Paukovitz/SR VP/Chief Compliance Officer

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# FORM (RF-3)

## **SUMMARY SHEET**

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	-	
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	23,200	-9.0%
Life of Insurance		
Does filing only apply to certain Classes? If so, specify:	n territory (territories) or	certain
Brief description of filing. (If fil	ing follows rates of an ac	dvisory
Organization, specify	-	-
organization):	Adopt NCCI Rates and Ra	ting Values effective 1/1/2014.
*Adjusted to reflect all prior rat	o changes	
**Change in Company's premi rates.		t from application of ne
	First Dakota Indem	nity Company
		ne of Company
		Compliance Coordinator

### **EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

### SUMMARY SHEET

Change in Company's premium or rate le revision effective	evel produced by rate March 1, 2014	
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
Coverage	volunte (minois)	
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	<del></del>	
Fire	·	
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
		-
Crop Hail	\$1,893,262	4.1%
Other Workers Compensation	\$1,693,262	4.170
Line of Insurance		
Does filing only apply to certain territory (terri	tories) or certain	
classes? If so, specify: No		
		- "-
Brief description of filing. (If filing follows rate		
	adoping the NCCI approval 1/1/201	14 voluntary loss costs, for ne
and ren	ewal policies, and revising LCMs	

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Foremost Grand Rapids Michigan
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

### **EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

#### SUMMARY SHEET

Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary and renewal policies, and revising LCMs	(3) Percent ange (+ or -) *
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Crop Hail Other  Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are adoping the NCCI approval 1/1/2014 voluntary	
Other Workers Compensation \$834,298  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are adoping the NCCI approval 1/1/2014 voluntary	_
Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are adoping the NCCI approval 1/1/2014 voluntary	1.5%
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are adoping the NCCI approval 1/1/2014 voluntary	
organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary	
	loss costs, for

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Foremost Property & Casualty Ins. Co Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

### **EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

#### SUMMARY SHEET

Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for and renewal policies, and revising LCMs		Change in Company's premium or rate le revision effective  (1)  Coverage	March 1, 2014 (2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for		Automobile Liability		
Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filling. (If filling follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for		Extended Coverage		
Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for		Inland Marine		
Crop Hail Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for		Homeowners		
Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for				
Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for			\$671,796	2.5%
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for		Line of Insurance		
organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, for			ories) or certain	
organization, specify organization): We are adoping the NCCI approval 1/1/2014 voluntary loss costs, f				
and renewal policies, and revising LCMs		ganization, specify organization): We are	adoping the NCCI approval 1/1/20	14 voluntary loss costs, fo
	_	and rene	ewal policies, and revising LCMs	<del></del>
	_			

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Foremost Signature Insurance Compan Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

# FORM (RF-3)

# SUMMARY SHEET

(1 Cover		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **		
Automobile Lia					
Passenger	-				
Commercial					
Automobile Ph	•				
Private Passer	nger				
Commercial					
Liability Other					
Burglary and T	heft				
Glass					
Fidelity			· · · · · · · · · · · · · · · · · · ·		
Surety					
Boiler and Mad	chinery	· · · · · · · · · · · · · · · · · · ·			
Fire					
Extended Cove	erage				
Inland Marine					
Homeowners Commercial M	ulti Doril				
Crop Hail	uiti-Perii				
Other Workers	Compensation	\$6,867,526	+7.1%		
	Insurance	\$0,007,320	T1.176		
Does filing onl Classes? If so specify:		in territory (territories) or	certain		
Brief description	on of filing. (If fi	ling follows rates of an ac	dvisorv		
Organization,	• ,	<b>g</b>	•		
organization):		Adopting loss costs under	NCCI circular IL-2013-03.		
	*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new				
rates.	ompany's prem	ium ievei wnich will resul	t irom application of new		
าสเธอ.		Frankenmuth Mutu	al Insurance Company		
			ne of Company		
		Annie Kribs - Produc	. ,		
			Official - Title		

ange in Company's premium or rate leve	el produced by rate revision effec	ctive January 1, 2014
(1)	(2)	(3)
(.,	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u> </u>		
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage	-	
Commercial		
Liability Other Than Auto		
Burglary and Theft Glass		
Surety Boiler and Machinery		
). Extended Coverage		
. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
. Crop Hail	4000.070	5.00/
5. Other Workers' Compensation	\$203,276	-5.8%
Line of Insurance		
oes filing only apply to certain territory ( o.	(territories) or certain classes? I	t so, specity:
rief description of filing. (If filing follows	rates of an advisory organizatio	n. specify organization):
ate filing based on NCCI's approved		
Adjusted to reflect all prior rate change in Company's premium level		
result from application of new rates.	WillCit Will	
result from application of new rates.		
		Granite State Insurance Company
	•	Name of Company
	•	Walter Murphy
		Filings Analyst
		Fillings Analyst

H29219D

# FORM (RF-3)

## **SUMMARY SHEET**

Change in Company's premium or ra	ate level produced by rate revision
effective 04/01/2014	_:

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	- Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
1.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers Compensation	2,965,526	4.5%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
	specify: N/A		
		***************************************	
	Brief description of filing. (If f Organization, specify	iling follows rates of an ac	dvisory
	organization):	With this filing we are a	dopting the rate revisions set
	forth in NCCI Circulars IL-2012-04		
	The Mailers class has been incorporate		
	*Adjusted to reflect all prior ra		
	**Change in Company's premates.		t from application of new
	rates.	Cranbia Arta Mutua	I Ingurance Company

Graphic Arts Mutual Insurance Company

Name of Company

Diane Hausserman, Assistant Vice President & Managing Actuary

# FORM (RF-3)

# SUMMARY SHEET

Change in Company's premium or ra	te level produced by	rate revision
effective 01/01/2014		

	enective onomizora	• .	
-	(1)	(2) Annual Premium	(3) Percent
_	Coverage	Volume (Illinois) *	_ Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
_	Commercial		
2	Automobile Physical Damag		•
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4. -	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	**************************************	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$5,128,262	-0.5%
	Life of Insurance		
*	Does filing only apply to certa Classes? If so, specify: No.	in territory (territories) o	r certain
	Brief description of filing. (If fi Organization, specify organization): Additionally, we are revising our currently filed	We are filing to adopt the r	evised NCCI loss costs effective 1/1/2014.
	*Adjusted to reflect all prior ra **Change in Company's prem rates.	•	ult from application of new
		Great Divide Insur	rance Company
		Na	me of Company
			nior Actuarial Analyst
			Official – Title

# FORM (RF-3)

# SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective June 1, 2014	•

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
•	Passenger		
	Commercial		
2	Automobile Physical Damag	<del></del>	
	Private Passenger		•
	Commercial	***************************************	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$15,419	-4.2%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify:  No	in territory (territories) or	certain
	Brief description of filing. (If fi Organization, specify organization):  1) To adopt the loss costs and rating values as conta	We are filing for the follow	rings for effective date of June 1, 2014:
	2) To adopt the retrospective rating values a		
	*Adjusted to reflect all prior ra **Change in Company's prem	te changes.	,
	rates.	ium ievei wilion wiii lesu	потпаррисацоп от нем
	10105.	Greater New York	Mutual Insurance Company
			me of Company
		ING	no or company

Martin Brezner - Chief Underwriting Officer

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	vel produced by rate revision effective	1/1/2014
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	6,549,506	-5.80%
	Line of Insurance	-	
Doe	es filing only apply to certain territory (	territories) or certain classes? If so, specify:	No.
		ates of an advisory organization, specify org	anization):
Ador	ot loss costs eff 1/1/2014		<u>-</u>
* ^ ~	iveted to reflect all prior rate abangue		
	justed to reflect all prior rate changes.	hich will result from application of new rates.	
	nange in Company's premium level wi	fileth will result from application of new rates.	
		Greenwich Insurance	
		Na	me of Company
		Ioo Dinkowski Vice Descident	
		Joe Binkowski, Vice President	Official – Title
		•	Jilluai - Tille

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate lev	el produced by rate revision effective	1/1/2014
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	_	
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other 16.0 Workers' Compensation	122.668	
	Line of Insurance		
Do	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	NO
		ates of an advisory organization, specify organi 3-06 with revisions to company Loss Cost Multipliers.	ization):
	djusted to reflect all prior rate changes. Change in Company's premium level wh	ich will result from application of new rates.	
		GuideOne Elite Insurance	
			e of Company
		Joseph Highbarger, FCAS, MAA	AA - Asst VP / Actuary
		<del></del>	fficial – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate lev	el produced by rate revision effective	1/1/2014
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
_	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	<del>-</del>	
5.	Glass		
6. ~	Fidelity		
7. 8.	Surety		<del></del>
o. 9.	Boiler and Machinery Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other 16.0 Workers' Compensation	1,581.057	-5 0%
	Line of Insurance		
Doe	es filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	NO
D-:-	f description of filing (If filing follows an	to of an advisor, argorization annait, argo	
		tes of an advisory organization, specify orga 3-06 with revisions to company Loss Cost Multipliers.	inization):
Adol	oring INCCI Loss Costs outlined in Circular IL-201	3-05 With revisions to company Loss Cost Multipliers.	
*Ad	justed to reflect all prior rate changes.		
		ch will result from application of new rates.	
	-		
		GuideOne Mutual Insurance	
		Na	me of Company
		Joseph Highbarger, FCAS, M.	<del></del>
			Official Title

1.	Coverage  Automobile Liability	Volume (Illinois)*	Change $(+ \text{ or } -)^{**}$
1.	Automobile Liability		
	rationic Diacinty		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		•
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,323,723	-3.6
	Line of Insurance		

- \* Adjusted to reflect all prior rate changes. (n\a)
- \*\* Change in Company's premium level which will result from application of new rates.

Harleysville Insurance Company

Name of Company

Robin L. Upchurch

Senior State Filings Analyst

John T. Upchaw

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	-	
6.	Fidelity		
7.	Surety		-
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	4,327,084	-3.1
	Line of Insurance		
oes t	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	

addition, revising our proposed loss cost multiplier to 1.710. No other revisions are proposed at this time.

\* Adjusted to reflect all prior rate changes. (n\a)

\*\* Change in Company's premium level which will result from application of new rates.

Harleysville Lake States Insurance Company

Name of Company

Robin L. Upchurch

Senior State Filings Analyst

John L. Cychaul

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Autom	obile Liability		
		te Passenger		
	00	nercial		
2.		obile Physical Damage		
		e Passenger		
		nercial		
3.		ty Other Than Auto		
4.	_	ry and Theft		
5.	Glass			
6.	Fidelity	<b>/</b>		
7.	Surety			
8.	Boiler	and Machinery		
9.	Fire			
10.	Extend	ed Coverage		
11.	Inland	Marine		
12.	Homeo	wners		
13.		ercial Multi-Peril		
14.	Crop H			
15.	Other	Workers Compensation Line of Insurance	1,399,643	-2.9
C				
oes i	lling only	apply to certain territory (ter	ritories) or certain classes? If so, specify:	
			rates of an advisory organization, specify of	
			oss Costs, and Rating Values as contained in Nier to 1.450. No other revisions are proposed a	

- \* Adjusted to reflect all prior rate changes. (n\a)

  \*\* Change in Company's premium level which will result from application of new rates.

Harleysville Preferred Insurance Company

Name of Company

Robin L. Upchurch Senior State Filings Analyst

John L. Upchaw

### **SUMMARY SHEET**

		(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		·
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	324,127	2.5
	Line of Insurance		
. ~.			
oes III	ling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
-			
		rates of an advisory organization, specify o	

- \* Adjusted to reflect all prior rate changes. (n\a)
- \*\* Change in Company's premium level which will result from application of new rates.

Harleysville Worcester Insurance Company

Name of Company

Robin L. Upchurch

Senior State Filings Analyst

John L. Cychaud

hange in Company's premium or rate leve	January 1, 2014	
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
B. Boiler and Machinery		
9. Fire		
10. Extended Coverage	·	
11. Inland Marine		
11. Iniano Manne 12. Homeowners		
_		
13. Commercial Multi-Peril	·······	
14. Crop Hail	#40.005.000	
15. Other Workers' Compensation	\$12,905,983	-5.8%
Line of Insurance		
Does filing only apply to certain territory	territories) or certain classes? If s	so, specify:
No.		
Brief description of filing. (If filing follows	rates of an advisory organization	specify organization):
Rate filing based on NCCI's approved		, openly organization).
* Adjusted to reflect all prior rate change		
** Change in Company's premium level	which will	
result from application of new rates.		
		Illinois National Insurance Company
	_	
		Name of Company
		Walter Murphy
		Filings Analyst
	<del></del>	Official - Title
U20210D		Oniciai - Title
H29219D		

Form (RF-3)

	Change in Company's premium of	or rate level produced by rate revision effective	e: 01/01/2014
	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois) *	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	\$1,025,016	-5.8%
16.	Other:		
Does fi If so, s		(territories) or certain classes? NO	
		s rates of an advisory organization, specify or e specified in circular IL-2013-03.	ganization):

IMT Insurance Company Name of Company

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

hange in Company's premium or rate le	evel produced by rate revision effective	January 1, 2014
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial		·
<ol> <li>Automobile Physical Damage Private Passenger</li> </ol>		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety	<del></del>	
B. Boiler and Machinery		
9. Fire	<del></del>	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		·
15. Other Workers' Compensation	\$1,518,390	-5.8%
Line of Insurance		
Does filing only apply to certain territor	y (territories) or certain classes? If so, speci	fy:
Brief description of filing. (If filing follow Rate filing based on NCCI's approve	vs rates of an advisory organization, specify d advisory loss costs	organization):
<ul> <li>Adjusted to reflect all prior rate cha</li> </ul>	— <del>-</del>	
* Change in Company's premium lev		
result from application of new rates	i.	
	The Income of the	04.4 55
-	The Insurance Company of the S	
	Name of Comp	any
	Walter Murp	hy
	Filings Analy	~
	Official - Title	

H29219D

### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

Change in Company's premium or rate level produc	April 1, 2014	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	volume (minois)	Change (1 of -)
Private Passenger		
Commercial		
		<del></del>
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		<del></del>
5. Glass		
6. Fidelity		
7. Surety		<del></del>
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		<del></del>
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		***************************************
14. Crop Hail		
15. Workers Compensation	5,190,485	-0.8%
16. Other		
Line of Insurance		
Ones filing only apply to certain territory (territories)  Brief description of filing (if filing follows rates of an At this time, the Manufacturers All adopt the loss costs approved in 1.985 LCM.	advisory organization, specify organization	(FEIN #23-2086596) files to
<ul> <li>* Adjusted to reflect all prior rate changes.</li> <li>** Change in Company's premium level which will</li> </ul>	result from application of new rates.	
·	Manufa Compa	acturers Alliance Insurance any
		Name of Company
		. Greer- Associate Product Specialist
	Official -	— Title

FORM (RF-3)

## **SUMMARY SHEET**

Change in Company's premium or rat	te level produced by rate revision
effective 01/01/2014	

(1)	(2) Annual Premium	(3) Percent
Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	8,010,629	-5.8%
Life of Insurance		
Does filing only apply to cer Classes? If so, specify:	tain territory (territories) or	certain
Brief description of filing. (If	filling follows rates of an a	dvisory
Organization, specify		
organization):	Adoption of NCCI approve	d loss costs reference circular IL-2013-0

Midwest Employers Casualty Company
Name of Company
Alana Salinas- Team Leader Underwriting Operations
Official – Title

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# FORM (RF-3)

# SUMMARY SHEET

Change in Company's premiu	m or rate le	evel produced b	y rate revision
effective 01/01/2014		•	-

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	volume (minors)	Change (101-)
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	<del></del>	
Fire	**************************************	
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail	00.070.004	
Other Workers Compensation  Life of Insurance	\$2,370,361	-4.5%
Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain
Brief description of filing. (If the Organization, specify organization):	Filing follows rates of an ac	dvisory
*Adjusted to reflect all prior ra **Change in Company's pren		t from application of new
14(05)	Midwest Family Mu	tual Insurance Company
		ne of Company
	Jared Stillwell-	R&D Analyst
	C	

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
<ol> <li>Automobile Physical Damage Private Passenger Commercial</li> </ol>		
3. Liability Other Than Auto		
4. Burglary and Theft	·	
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$666,111	-5.9%
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	No.
	rates of an advisory organization, specify orga	Adopting NCCI loss cost
circular IL-2013-06.		
*Adjusted to reflect all prior rate change:		
	which will result from application of new rates.	
	National Casualty Company	
		ne of Company
		· · · · · · · · · · · · · · · · · · ·
	Tom Jurgens - Vice President L	Inderwriting

### ILLINOIS SUMMARY SHEET

### FORM RF-3

Change	in Company's premium or rate level produced by ra	te revision effective:	1/1/2014
g-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2 .	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.			
6.	Fidelity		
7.	•		
8. 9.			
9. 10.	Extended Coverage		
10.	_		
12 .			
13 .			-
14 .			
15 .	•	12,850,433	0.5%
16 .	Other:		
Does fi	ling only apply to certain territory (territories) or cert	tain classes? If so, specify.	Not Applicable
	escription of filing (if filing follows rates of an advise We are filing to adopt the 1/1/2014 NCCI IL voluntar		effective date of 1/1/2014
	n-force Written Premium Change in Company's premium level which will resul	It from application of new rates.	
		National Fire Insurance	Company of Hartford
		Name of C	
			- •

Robert Anderson, ACAS, Actuarial Consulting Director
Official - Title

## FORM (RF-3)

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision
effective January 1, 2014

-	(1)	(2) Annual Premium	(3) Percent
1.	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-) **
١.	Passenger		
	Commercial		
2			
<b>L</b>	Automobile Physical Damag		•
	Private Passenger Commercial		
3.			
3. 4.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
5. 6.			
5. 7.	Fidelity		<del></del>
, . 8.	Surety Reiler and Machiners	<del></del>	
o. 9.	Boiler and Machinery Fire		
9. 10.	· ·· -	<del>1840 - 12-12-12-12-12-12-12-12-12-12-12-12-12-1</del>	
10. 11.	Extended Coverage Inland Marine		<del></del>
11. 12.			
12. 13.	Homeowners		· · · · · · · · · · · · · · · · · · ·
13. 14.	Commercial Multi-Peril		
14. 15.	Crop Hail		
15.	Other 16.0 - Workers' Compensation	676,174	+2.6%
	Line of Insurance		
•	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify	3	•
	organization):	Adoption of NCCI Illinois V	oluntary Market-Approval of Advisory
	Rates, Loss Costs, and Rating Values Effecti	ve January 1, 2014 under NCCl Circul	lars IL-2013-06, IL-2013-03 and IL-2013-05
	*Adjusted to reflect all prior ra	te changes.	

National Surety Corporation

Name of Company
William Paukovitz/SR VP/Chief Compliance Officer

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective		January 1, 2014	
	_		
(1)	(2) Annual Premium	(3) Percent	
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**	
1. Automobile Liability			
Private Passenger			
Commercial			
Automobile Physical Damage     Private Passenger     Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers' Compensation	\$8,758,094	-5.8%	
Line of Insurance			
Does filing only apply to certain territory	(territories) or certain classes? If so, spec	if.v.	
No.	(territories) or certain classes: It so, spec	ny.	
NO.			
Brief description of filing. (If filing follows	rates of an advisory organization, specify	organization):	
Rate filing based on NCCI's approved		ergamen,,	
* Adjusted to reflect all prior rate chan	ges.		
** Change in Company's premium leve	l which will		
result from application of new rates.			
	National Union Fire Insurance Co		
	Name of Comp	pany	
	Walter Murp	hv	
	Filings Analy		
	Official - Tit		
	Oniciai - Tit	IC	

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## ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 6/1/2014 (3) (1) (2) Percent **Annual Premium** Change (+ or -)\*\* Volume (Illinois)\* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation \$3,974,627 -4.8% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI loss cost circular IL-2013-06. \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates.

Nationwide Agribusiness Insurance Company
Name of Company
Tom Jurgens - Vice President Underwriting
Official – Title

ange in Company's premium or rate lev	el produced by rate revision effe	ctive January 1, 2014
·		
(1)	(2)	(3)
, ,	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
. Automobile Liability		
Private Passenger		
Commercial		
_		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety	· · · · · ·	
Boiler and Machinery		
Fire		
). Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril	•	
4. Crop Hail		
5. Other Workers' Compensation	\$1,851,533	-5.8%
Line of Insurance	Ψ1,001,000	
Line of insurance		
oes filing only apply to certain territory o.		If so, specify:
rief description of filing. (If filing follows ate filing based on NCCI's approved	s rates of an advisory organization	on, specify organization):
Adjusted to reflect all prior rate chan	nes	
Adjusted to reflect all prior rate chan		
Change in Company's premium leve		
Change in Company's premium leve		New Hampshire Insurance Company
Change in Company's premium leve		New Hampshire Insurance Company Name of Company
Change in Company's premium leve		, .
Change in Company's premium leve		

H29219D

## ILLINOIS SUMMARY SHEET

# FORM RF-3

,nan	ge in Company's premium or rate level produced by rate revisio	n eπective		lanuary 1, 2014
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
<b>1</b> .	Burglary and Theft			
5.	Glass			
3.	Fidelity		<del></del>	
7.	Surety			
3.	Boiler and Machinery			
€.	Fire			
0.	Extended Coverage			
1.	Inland Marine			
2.	Homeowners			
3.	Commercial Multi-Peril			
4.	Crop Hail			
5.	Workers Compensation	549,775		-4.1%
6.	Other			•
	Line of Insurance			
200	filing only apply to certain territory (territories) or certain classes	s? If so specify	No.	
<i>3</i> 03	ming only apply to contain territory (territories) or contain states	5. If 50, Speeny	140.	<del></del>
-1-6	description of filling (if filling follows rates of an advisory organize	tion onceits organization)	Adoption of	NCCI approved
	description of filing (if filing follows rates of an advisory organiza kers Compensation loss costs and rating values pe			Noci approved
01	kers compensation loss costs and rating values pe	1 NCC1 Circular 11-201.	<del>3-03.</del>	
*	Adjusted to reflect all prior rate changes			
*	Changes in Company's premium level which will result from a	pplication of new rates.		
		MIDDUNKU	Δ Insurance Co	ompany, Limited
			ame of Company	impany, clinited
		DiAne SA	nith - F	Legulatory Ana
		LOTANE JA		SEGULATION SI MANA

# FORM (RF-3)

## **SUMMARY SHEET**

	(1)	(2) Annual Premium	(3) Percent		
	Coverage	- Volume (Illinois) *	Change (+or-) **		
	Automobile Liability Private				
	Passenger				
	Commercial				
	Automobile Physical Damag				
	Private Passenger				
	Commercial	-			
	Liability Other Than Auto				
	Burglary and Theft				
	Glass				
	Fidelity				
	Surety				
	Boiler and Machinery				
	Fire				
	Extended Coverage				
	Inland Marine		<u></u>		
•	Homeowners				
	Commercial Multi-Peril		•		
	Crop Hail	***************************************			
	Other Workers Compensation  Life of Insurance	\$3,930,144	-4.0%		
	Does filing only apply to certa	ain territory (territories) or	certain		
	Classes? If so,				
	specify: No				
	Priof description of filing. (If filing follows rates of an advisory				
	Brief description of filing. (If filing follows rates of an advisory Organization, specify				
	organization):	Effective 1/1/14 we wish to	adopt NCCI Voluntary Rates (Ci		
	· ·				
	IL-2013-06), which reflects an overall decrease of -4.5% for all new and renewal policies.				

NorGUARD Insurance Company

Name of Company
Mitch Matthews - State Filings Representative II

#### FORM RF-3

hange in Company's premium or rate level prod	uced by rate revision effective	April 1, 2014
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
1. Automobile Liability	,	<b>5</b> , ,
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
0. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Workers Compensation	22,474,933	-1.5%
6. Other		
Line of Insurance		
es filing only apply to certain territory (territories ef description of filing (if filing follows rates of a t this time, the Pennsylvania Mai 642962) files to adopt the loss gainst our revised 1.592 LCM.	n advisory organization, specify organiz	surance Company (FEIN #
* Adjusted to reflect all prior rate changes.     ** Change in Company's premium level which w	Penns	sylvania Manufacturers'
	Assoc	Name of Company
		, ,
	Linda I	R. Greer- Associate Product Speci

Change in Company's premium or rate level produc	ced by rate revision effective	April 1, 2014	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
1. Automobile Liability	volume (minolo)	Sharige (* or )	
Private Passenger			
Commercial			
Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other than Auto			
4. Burglary and Theft			
5. Glass	-		
6. Fidelity		and the state of	
7. Surety			
8. Boiler and Machinery			
9. Fire		· · · · · · · · · · · · · · · · · · ·	
10. Extended Coverage			
11. Inland Marine	<del></del>	<u></u>	
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers Compensation	2,198,538	-5.1%	
16. Other	2,130,330	-3.176	
Line of Insurance			
Does filing only apply to certain territory (territories)	or certain classes? If so, specify	<u>No</u>	
At this time, the Pennsylvania Mafiles to adopt the loss costs approversed 1.292 LCM.	anufacturers Indemnity Co	mpany (FEIN #23-22179	
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will		Ivania Manufacturers Indemn ny	ity
		Name of Company	-
	Linda R	. Greer- Associate Product Speci	alist
	Official -	– Title	•

## FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or ra	ate level produced by rate revision
effective January 1, 2014	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	7 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	Passenger		
	Commercial		-
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		-
ŀ.	Burglary and Theft		
5.	Glass		
<b>S</b> .	Fidelity	· · · · · · · · · · · · · · · · · · ·	And the second s
<b>'</b> .	Surety		
3.	Boiler and Machinery		
).	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers Compensation	\$1,300,000	-7.7%
	Life of Insurance		
*	Does filing only apply to certai Classes? If so, specify: N/A	n territory (territories) or	certain
	Brief description of filing. (If fil	ing follows rates of an a	dvisory
	Organization, specify	Ü	•
	organization):	We are adopting the NCCI	loss cost revision which was approved
	effective January 1, 2014. With the adopt	tion of this revision we are revisin	g our loss cost multipliers.
			· · · · · · · · · · · · · · · · · · ·
	*Adjusted to reflect all prior rat **Change in Company's premi rates.		It from application of new
	1000.	Pharmacists Mutua	al Insurance Company
			me of Company
		Rich Berke, Sr. Reg	• •

l,

#### ILLINOIS SUMMARY SHEET

	ge in Company's premium or rate level produced by rate revis	sion effective	<u></u>	anuary 1, 2014
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability			
	Private Passenger	<u> </u>		
_	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
<b>}</b> .	Liability Other Than Auto			
ļ. -	Burglary and Theft			
	Glass			
j.	Fidelity			
'. S.	Surety			
!.	Boiler and Machinery			
).	Fire			·
'.	Extended Coverage Inland Marine			
	Homeowners		<del>_</del>	
3. 3.	Commercial Multi-Peril			
,. Į.	Crop Hail			
, ),	Workers Compensation	21,059,630		-6.8%
). S.	Other		<del></del>	
•	Line of Insurance		_	
oes	filing only apply to certain territory (territories) or certain class	es? If so, specify	No.	
	description of filing (if filing follows rates of an advisory organiz kers Compensation loss costs and rating values p			NCCI approved
*	Adjusted to reflect all prior rate changes  Changes in Company's premium level which will result from		J-03.	
*				
		The Pho	oenix Insurance	: Company
			oenix Insurance	Company
				Company
			ame of Company	e Company egulatory Anal

## FORM (RF-3)

#### SUMMARY SHEET

(1) Coverage	(2) Annual Premium - Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		4.47.
Surety	<del>*************************************</del>	
Boiler and Machinery		<del></del>
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	850,710	-5.8%
Life of Insurance		
Door filing only apply to cost	nin torritory (torritorios) or	a a mt a i a
Does filing only apply to certa Classes? If so,	an termory (termones) or	Certain
specify: NO		
specify.		
Brief description of filing. (If t	filing follows rates of an a	dvisory
Organization, specify	9	- · · · · · · · · · · · · · · · · · · ·
organization):	Adopt NCCI Advisory Rate	es & Rating Values referenced in
Circular IL-2013-06 to be effective Janu	ary 1, 2014	
	·	
*Adjusted to reflect all prior ra **Change in Company's pren rates.		It from application of ne
	Preferred Profession	onal Insurance Company
		me of Company
	Denise Hill SVP G	

## FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or ra	te level produced by rate revision
effective 04/01/2014	

_	(1)	(2)	(3)
_		Annual Premium	Percent
	Coverage	<ul><li>Volume (Illinois) *</li></ul>	_ Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire		-
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	464,847	3.1%
	Life of Insurance		
•	5 61		
	Does filing only apply to cert	ain territory (territories) or	certain
	Classes? If so, specify: N/A		
	specify: N/A		
	Drief description of Stines (16	filing fallows not a of an a	4
	Brief description of filing. (If	filing follows rates of an a	avisory
	Organization, specify organization):	With this filing we are	adenting the rate revisions set
	forth in NCCI Circulars IL-2012-04		adopting the rate revisions set
	The Mailers class has been incorp		
			uon.
	*Adjusted to reflect all prior rate **Change in Company's prer		t from application of now
	rates.	mani ievei willen will lesui	thorn application of new
	rates.	Republic-Franklin I	nsurance Company

Name of Company

Diane Hausserman, Assistant Vice President & Managing Actuary

Official — Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	January 1, 2013
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
<ol><li>Burglary and Theft</li></ol>		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Comp	\$81,721	-4.5%
Line of Insurance		
Does filing only apply to certain territory (ter  Brief description of filing. (If filing follows		
Voluntary Advisory Rates effective January	1. 2014 as published in NCCI Approval C	Circular IL-2013-06 and filed per Filing
Circular IL-2013-03.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	h will result from application of new rates.	
	Safaty Ein	st Insurance Company
	Satety-1 II	Name of Company
	Marilyn Tinn	ell – Director -Compliance
		Official – Title

## **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

Change in Company's premium or rate	level produced by rate revision effective	January 1, 2013
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private     Passenger Commercial		
Automobile Physical Damage     Private Passenger Commercia		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	<u> </u>	4.50/
15. Other Workers' Comp	\$2,281,825	-4.5%
Brief description of filing. (If filing foll Voluntary Advisory Rates effective Jan	y (territories) or certain classes? If so, specify: lows rates of an advisory organization, spe	cify organization): Adoption of NCCI
Circular IL-2013-03.		
······································		
*Adjusted to reflect all prior rate change **Change in Company's premium level	which will result from application of new rates	
	which will result from application of new rates  Safety Nati	onal Casualty Corporation  Name of Company

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/14 (3) (1)(2) Percent **Annual Premium** Volume (Illinois)\* Change (+ or -)\*\* Coverage **Automobile Liability Private** Passenger Commercial 2. Automobile Physical Damage **Private Passenger Commercial** 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail -11.5% 15. Other Workers Compensation 315,627 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Applies to all WC class codes Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI LC effective 1/1/2014. \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. Samsung Fire & Marine Ins. Co. LTD, USB Name of Company Michelle Freitag, Consulting Actuary

Annual Premium Percen Change (+ o Private Passenger Commercial Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Liability Other Than Auto Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Liberton Coverage Inland Marine Liberton Morkers Compensation Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify organization): Please see explanatory memo.  Selective Insurance Companyament of Company America Name of Company  Selective Insurance Companyament C		(1)	(2)	(3)
Private Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates.  Selective Insurance Companical America Name of Company			Annual Premium	Percent Change (+ or -)**
Private Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company and Company of Company and Compa	1	Automobile Liebility		
Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Compa America  Name of Company	1.			
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Companical America Name of Company				-
Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company organization Selective Insurance Company America Name of Company	2			
Commercial  3. Liability Other Than Auto  4. Burglary and Theft  5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes.  * Change in Company's premium level which will result from application of new rates.  Selective Insurance Company organization  Selective Insurance Company organization  Name of Company	۷.			
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes.  * Change in Company's premium level which will result from application of new rates.  Selective Insurance Company organization  Selective Insurance Company America  Name of Company				
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company organization  Selective Insurance Company organization  Name of Company	3.			
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes.  * Change in Company's premium level which will result from application of new rates.  Selective Insurance Company organization  Selective Insurance Company organization				
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company organization  Selective Insurance Company organization				
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company ame of Company				
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Tine of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company organization.  Selective Insurance Company organization.				
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Companame of Company				
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Companerica  Name of Company				
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company Mame of Company				
12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Please see explanatory memo.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company organization is application.  Selective Insurance Company organization.				
14. Crop Hail  15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Please see explanatory memo.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company or Co	12.	Homeowners		
15. Other Workers Compensation 4,943,742 1.5%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Please see explanatory memo.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company of Company Name of Company	13.	Commercial Multi-Peril		
Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Please see explanatory memo.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company or	14.	Crop Hail		
Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Please see explanatory memo.  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Compana America  Name of Company	15.	Other Workers Compensation	4,943,742	1.5%
* Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company Name of Company		Line of Insurance		
** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company America  Name of Company	No Brief	description of filing. (If filing follows	·	
** Change in Company's premium level which will result from application of new rates.  Selective Insurance Company America  Name of Company	Pleas			
America Name of Company	Pleas			
America Name of Company	* A	hange in Company's premium level wh		
America Name of Company	* A	hange in Company's premium level wh		
	* A	hange in Company's premium level wh		
Compliant AVD CULD	* A	hange in Company's premium level wh	nich will Se	
Sean Ritson – AVP C/L Pri Official - Title	* A	hange in Company's premium level wh	nich will Se	elective Insurance Company of merica Name of Company

		(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
			verame (xm.e.s)	
1.		obile Liability		
		e Passenger		
		nercial		
2.		obile Physical Damage		
		e Passenger		
•		nercial		
3.		y Other Than Auto		
4.	_	ry and Theft		
5. 6.	Glass Fidelity			·
7.	Surety	<i>(</i>		
8.	•	and Machinery	· · · · · · · · · · · · · · · · · · ·	
9.	Fire	and Machinery		
0.		ed Coverage		
1.	Inland 1			
2.	Homeo	wners		
3.	Commo	ercial Multi-Peril		
4.	Crop H	ail		
5.	Other	Workers Compensation	9,716,382	1.2%
		Line of Insurance		
¢	دانده میراد	anuly to contain torritory (tar	ritories) or certain classes? If so, specify:	
vo Jes i	ining only	apply to certain territory (ter	Thories) of certain classes: If so, specify.	
<del>10</del>		<del></del>		
rief c	lescrintio	n of filing. (If filing follows	rates of an advisory organization, specify of	organization):
		lanatory memo.	rates of an advisory organization, speerly	_
				-

\* Adjusted to reflect all prior rate changes.
\*\* Change in Company's premium level which will result from application of new rates.

> Selective Insurance Company of South Carolina

Name of Company

Sean Ritson – AVP C/L Pricing Official - Title

1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:		(1)	(2) Annual Premium	(3) Percent
Private Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto  4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Does filing only apply to certain territory (territories) or certain classes? If so, specify:		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto  4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870   Automobile Physical Damage	1.	Automobile Liability		
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Does filing only apply to certain territory (territories) or certain classes? If so, specify:		Private Passenger		
Private Passenger Commercial  3. Liability Other Than Auto  4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Does filing only apply to certain territory (territories) or certain classes? If so, specify:				
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:	2.	Private Passenger		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:	2			
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:				
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:		• •		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:				
8. Boiler and Machinery  9. Fire  10. Extended Coverage  11. Inland Marine  12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:		_		
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:				
10. Extended Coverage  11. Inland Marine  12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:				
11. Inland Marine  12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:				<del></del>
12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:				
14. Crop Hail 15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:	12.			
15. Other Workers Compensation 4,736,870 1.1%  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:	13.	Commercial Multi-Peril		
Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:	14.	Crop Hail		
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	15.	Other Workers Compensation	4,736,870	1.1%
* * ***		Line of Insurance		
		filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
	Ficas	se see explanatory memo.		
Please see explanatory memo.				
Please see explanatory memo.				
Please see explanatory memo.		diusted to reflect all prior rate change	Ac	
* Adjusted to reflect all prior rate changes.			<b>5</b> S.	

Selective Insurance Company of the Southeast

Name of Company

Sean Ritson – AVP C/L Pricing
Official - Title

	(1)  Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	\$1,397,987	-5.8%
Does file	ing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	

Sompo Japan Insurance Company of America

Name of Company

Temica Taylor, State Filings Analyst
Official - Title

<sup>\*</sup> Adjusted to reflect all prior rate changes.

<sup>\*\*</sup> Change in Company's premium level which will result from application of new rates.

	Change in Company's premium or rate	level produced by rate revision effective	01/01/2014
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial		
3. 4.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		-
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$178,829	-5.8%
	Line of Insurance		
_	one to the state of the state o	''\	
Does	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Brief	description of filing. (If filing follows:	rates of an advisory organization, specify of	organization):
		visory Rates, Loss Costs, and Rating Value	
	013-06.		
			_
	djusted to reflect all prior rate changes.		
	hange in Company's premium level whesult from application of new rates.	ich will	
re	esuit from application of new rates.		
		Sompo Japan Fire & Maria	ne Insurance Company of

America

Temica Taylor, State Filings Analyst
Official - Title

Name of Company

han	ge in Company's premium or rate level produced by rate revisi	on effective		January 1, 2014
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage Private Passenger Commercial		<del></del>	
	Liability Other Than Auto			
	Burglary and Theft		<del></del>	
	Glass			
	Fidelity			
	Surety	-		
	Boiler and Machinery		_	
	Fire			
	Extended Coverage			
	Inland Marine		<u></u>	
	Homeowners			
	Commercial Multi-Peril			·
	Crop Hail			
	Workers Compensation	9,878,854		-6.5%
	Other			
	Line of Insurance			
es	filing only apply to certain territory (territories) or certain classe	es? If so, specify	No.	
	description of filing (if filing follows rates of an advisory organiz kers Compensation loss costs and rating values pe			f NCCI approved
•	Adjusted to reflect all prior rate changes  Changes in Company's premium level which will result from a	application of new rates.		
				ance Company
		Na	me of Company	
		Diane Smi	th - Re	gulatory Analy
			Official - Title	<del>- / - / - / - / - / - / - / - / - / - /</del>

#### FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective <u>01/01/2014 New & Renewal</u>.

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8,	Boiler and Machinery		
9.	Fire		
10. 11.	Extended Coverage Inland Marine		
11. 12.	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$109,117 (2012 DWP)	-4.5%
٠.	Life of Insurance	•	
	Does filing only apply to certain t	erritory (territories) or certa	in
	Classes? If so,		
	specify: No		
	Brief description of filing. (If filing	follows rates of an advisor	У
	Organization, specify		
	organization): We are following t	he National Council on Con	npensation Insurance, Inc. rate
	and rating value revision that is	effective January 1, 2014.	
	*Adjusted to reflect all prior rate	changes.	
	**Change in Company's premiun	n level which will result from	n application of new rates.
			Insurance Company
			ame of Company
		<u>Larry L. Boehm,</u>	CPCU, Assistant Underwriting
Manage	er	Las Santa Mariana	Official – Title

## FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's pr	emium or rate level	produced by rate revision
effective 01/01/2014		

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	_ Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger	•	•
	Commercial		
3.	Liability Other Than Auto		
1.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers Compensation	15,149,873	-5.8%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: No	ain territory (territories) or	certain
			d.io.
	Brief description of filing. (If the Organization appoint)	nling follows rates of an a	lavisory
	Organization, specify	Adoption of NCCL opprove	d loop posts reference sireuler II. 2012 00
	organization):	Adoption of NCC1 approve	d loss costs reference circular IL-2013-06
	*Adjusted to reflect all prior ra		llt from application of now
	**Change in Company's pren rates.		
		StarNet Insurance	Company

Name of Company
Alana Salinas- Team Leader Underwriting Operations

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1) Coverage	(2) Annual Premium Volume (Illinois) <u>*</u>	(3) Percent Change (+ or -)**
	Coverage	Volume (minors)	Ondrigo ( O. )
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	\$2,112,740	4.4%
	Line of Insurance		
Doe	es filing only apply to certain territory (te	rritories) or certain classes? If so, s	pec No, it applies to all Loss Costs
	of description of filing. (If filing follows ra		ecify organizati <u>NCCI</u>
Adop	oting NCCI Loss Costs contained in circular IL-20	013-06	
	justed to reflect all prior rate changes. hange in Company's premium level whi	ch will result from application of ne	w rates.
	<u> </u>	· ·	
		Tokio Marine A	merica Insurance Company (TMAIC)
			Name of Company
		Bruce Ada	ams, VP Corporate Underwriting
			Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effe1/1/2014 (1) (2)(3) **Annual Premium Percent** Coverage Volume (Illinois)\* Change (+ or -)\*\* Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** Surety 7. 8. **Boiler and Machinery** 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other 8.4% \$571,146 Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, spec No, it applies to all Loss Costs Brief description of filing. (If filing follows rates of an advisory organization, specify organizati NCCI Adopting NCCI Loss Costs contained in circular IL-2013-06 \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. TNUS Insurance Company (TNUS) Name of Company Bruce Adams, VP Corporate Underwriting

	Change in Company's premium or rate	level produced by rate revision effect	tive 01/01/2014
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. 7	Fidelity		
7. v	Surety  Roiler and Machinery		
8. 9.	Boiler and Machinery Fire		
9. 10.	Extended Coverage		
10. 11.	Inland Marine		
11. 12.	Homeowners		
13.	Commercial Multi-Peril	<del></del>	
14.	Crop Hail		
15.	Other Workers Compensation	2,894,593	-5.8%
	Line of Insurance	2,02 1,020	
		•	
	iling only apply to certain territory (ter	ritories) or certain classes? If so, spe-	cify:
No.			
	description of filing (If filing follows	natas af an advisam, anamization ana	oify organization).
	description of filing. (If filing follows reever Insurance Company herewith		
	ng Values effective 1/1/2014.	proposes to adopt NCC1's fatest	Voluntary Warket Loss Costs and
Katii	ig values effective 1/1/2014.		
* A	djusted to reflect all prior rate changes.		
* Cl	nange in Company's premium level wh	ich will	
re	sult from application of new rates.		
		_	
		<u></u>	ower Insurance Company of NY
			Name of Company
		T:	aye V. Storch
			enior Business Analyst
			Official - Title
			Official - Title

		(-)	(2)
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	88,061	-5.8%
Ooes f No.	iling only apply to certain territory (ter	ritories) or certain classes? If so, speci	fy:
Prese Ratio	erver Insurance Company herewith ng Values effective 1/1/2014.	rates of an advisory organization, speci proposes to adopt NCCI's latest Vo	fy organization): oluntary Market Loss Costs a
* Cl	djusted to reflect all prior rate changes hange in Company's premium level who sult from application of new rates.		
		То	wer National Insurance Company
		_	Name of Company
		Fav	ye V. Storch
			nior Business Analyst
			Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
_	Passenger Commercial		
2.	Automobile Physical Damage		
^	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8. 9.	Boiler and Machinery Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$325,971	6.3%
10.	Line of Insurance	Ψ323,971	0.370
	Line of modrance		
Doe	es filing only apply to certain territory (te	rritories) or certain classes?	If Sc. No. it applies to all Loss Costs
	to thing only apply to contain termony (to		
Brie	ef description of filing. (If filing follows ra	tes of an advisory organization	on, specify org NCCI
Adop	oting NCCI Loss Costs contained in circular IL-20	013-06	
		<del></del>	
	justed to reflect all prior rate changes.		
**C	hange in Company's premium level whi	ch will result from application	of new rates.
		Trans	Pacific Insurance Company (TPI)
			Name of Company
		Bruce	Adams, VP Corporate Underwriting
			Official – Title

Chang	e in Company's premium or rate level produced by rate	e revision effective:	1/1/2014
3	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1	. Automobile Liability Private Passenger		
2	Private Passenger		
3 4	•		
5 6 7	Fidelity		
8 9 10	Boiler and Machinery Fire		
11 12	Inland Marine Homeowners		
13 14 15	Crop Hail	5,496,177	0.5%
16	Other:		
Does f	iling only apply to certain territory (territories) or certa	ain classes? If so, specify.	Not Applicable
	escription of filing (if filing follows rates of an advisor We are filing to adopt the 1/1/2014 NCCI IL voluntary		effective date of 1/1/2014
	In-force Written Premium Change in Company's premium level which will result	from application of new rates.	
		Transportation Ins	
	•	Name of C	Company
		Robert Anderson, ACAS, Ac Official	

	ge in Company's premium or rate level produced by rate rev	vision effective		January 1, 2014
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
	•	, ,		
1.	Automobile Liability			
	Private Passenger		<del>_</del>	
2.	Commercial		_	
۷.	Automobile Physical Damage			
	Private Passenger			· · · · · · · · · · · · · · · · · · ·
3.	Commercial Liability Other Than Auto			
3. 4.	Burglary and Theft			
4. 5.	Glass			<u> </u>
5. 6.	Fidelity		<del></del>	
7.	Surety		<del></del>	
7. 8.	Boiler and Machinery	<del></del>	<del></del>	
9.	Fire			
10.	Extended Coverage	-		
1.	Inland Marine		<del></del>	•
2.	Homeowners		_	
13.	Commercial Multi-Peril		<u> </u>	
4.	Crop Hail		<del></del>	
5.	Workers Compensation	10,454,953	<del></del>	-7.5%
16.	Other		<del>_</del>	
	Line of Insurance			
oes)	filing only apply to certain territory (territories) or certain class	sses? If so, specify	No.	
3rief	description of filing (if filing follows rates of an advisory orga	nization, specify organization)	Adoption o	f NCCI approved
	kers Compensation loss costs and rating values	per NCCI Circular IL-2013	3-03.	
Vor				
Vor				
*	Adjusted to reflect all prior rate changes	m application of new rates		
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result fro	m application of new rates.		
*	•		Casualty & Su	urety Company
	•	Travelers	Casualty & Sume of Company	urety Company
*	•	Travelers	me of Company	rety Company Regulatory Annl

Chan	ge in Company's premium or rate level produced by rate revisi	ion effective	Ja	nuary 1, 2014
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger			
2.	Commercial Automobile Physical Damage Private Passenger Commercial			
3. 4. 5.	Liability Other Than Auto Burglary and Theft Glass		 	
6. 7. 8.	Fidelity Surety Boiler and Machinery		_ : _ :	
9. 10. 11.	Fire Extended Coverage Inland Marine		 	
12. 13. 14.	Homeowners Commercial Multi-Peril Crop Hail			
15. 16.	Workers Compensation Other Line of Insurance	16,079,302	_ _ _	-7.8%
Does	filing only apply to certain territory (territories) or certain classe	es? If so, specify	No.	
	description of filing (if filing follows rates of an advisory organiz kers Compensation loss costs and rating values pe		Adoption of No.	CCI approved
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from	application of new rates.		
			alty Insurance Co me of Company	mpany of America
		DiANE SMITH	- Regu	latory Analyst

har	ge in Company's premium or rate level produced by rate re	evision effective	January 1, 2014
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		<del></del> -
<b>.</b>	Liability Other Than Auto		
	Burglary and Theft		
· .	Glass		
i.	Fidelity		
	Surety		
· :	Boiler and Machinery		
	Fire		
).	Extended Coverage		
	Inland Marine		
	Homeowners		
3.	Commercial Multi-Peril		
	Crop Hail		
).	Workers Compensation	19,501,557	-6.2%
).	Other		
	Line of Insurance		
es	filing only apply to certain territory (territories) or certain cl	asses? If so, specify	No.
	description of filing (if filing follows rates of an advisory org		Adoption of NCCI approved
or	kers Compensation loss costs and rating value	s per NCCI Circular IL-2013-03	
*	Adjusted to reflect all prior rate changes	·	
ŧ.	Changes in Company's premium level which will result fr	om application of new rates	
	Changes in Company's premium level which will result in	om application of new rates.	
		The Toronto	and the desired in the Orange and
			ers Indemnity Company
		Name o	of Company
	× 4	c - Regulatory A.	ash.ch
	12,400	- Kegulaton/ HI	1/-1/51
		/ Office	ciai - Title

#### FORM RF-3

nange in Company's premium or rate level produced by ra	te revision effective	January 1, 2014
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
. Liability Other Than Auto		
. Burglary and Theft		
. Glass		
. Fidelity		
. Surety		
. Boiler and Machinery		
. Fire		
). Extended Coverage		
. Inland Marine		
P. Homeowners		
3. Commercial Multi-Peril		<del> </del>
. Crop Hail		
. Workers Compensation	40,367,550	-7.2%
Other		<u> </u>
Line of Insurance		
MILE TO THE STATE OF THE STATE		N-
es filing only apply to certain territory (territories) or certain	n classes? If so, specify	No.
ef description of filing (if filing follows rates of an advisory	organization, specify organization)	Adoption of NCCI approved
orkers Compensation loss costs and rating va		
Officers componed and reading ve	1000 por 11001 o 1100101 12 20 10 00	
* Adjusted to reflect all prior rate changes		
Changes in Company's premium level which will resu	ult from application of new rates	

The Travelers Indemnity Company of America

Name of Company

#### FORM RF-3

Chan	ge in Company's premium or rate level produced by rate r	evision effective	Jar	nuary 1, 2014
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft		•	
5.	Glass		_	
6.	Fidelity	<del></del>		
7.	Surety		<del></del>	
8.	Boiler and Machinery		_	
9.	Fire			
10.	Extended Coverage		_	
11.	Inland Marine		_	
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail		_	
15.	Workers Compensation	4,873,746		-8.1%
16.	Other		_	
•	Line of Insurance	<del></del>		
Does	filing only apply to certain territory (territories) or certain cl	lasses? If so, specify	No.	
	description of filing (if filing follows rates of an advisory org		Adoption of No	CCI approved
Wor	kers Compensation loss costs and rating value	s per NCCI Circular IL-2013	-03.	
		water to a control of the control of		
*	A l' de de celle de la cience de la celle			
**	Adjusted to reflect all prior rate changes  Changes in Company's premium level which will result fi	rom application of new rates.		
		• •		
		The Travelers Ir	ndemnity Compar	ny of Connecticut

Name of Company

#### FORM RF-3

Chan	ge in Company's premium or rate level produced b	y rate revision effective	Jan	uary 1, 2014
	(1)	(2) Annual Premium		(3) Percent Change (+ or -)**
	Coverage	Volume (Illinois)*		Change (+ or -)
1.	Automobile Liability			
	Private Passenger			
	Commercial		_	<del></del>
2.	Automobile Physical Damage			
	Private Passenger		_	
	Commercial		_	
3.	Liability Other Than Auto	• • • • • • • • • • • • • • • • • • • •	_	
4.	Burglary and Theft		_	
5.	Glass		-	
3.	Fidelity			
7.	Surety	<del></del>		
3.	Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·		
Э.	Fire			<del></del> -
0.	Extended Coverage		_	
1.	Inland Marine		_	
2.	Homeowners		-	
3.	Commercial Multi-Peril			
4.	Crop Hail		-	
5.	Workers Compensation	18,460,999	_	-7.5%
6.	Other			
	Line of Insurance			
oes	filing only apply to certain territory (territories) or ce	ertain classes? If so, specify	No.	
	description of filing (if filing follows rates of an advis		Adoption of No	CCI approved
Vor	kers Compensation loss costs and rating	values per NCCI Circular IL-2013-	-03.	
*	Adjusted to reflect all prior rate changes			
r*	Changes in Company's premium level which will	regult from application of new rates		
	Changes in Company's premium level which will	result from application of new rates.		

Travelers Property Casualty Company of America

Name of Company

Diane South - Regulatory Analyst

#### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective Triangle Insurance Company, Inc.

	(1 <u>)</u>	(2)	(3)
	Coversos	Annual Premium	Percent
A	Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	Change (+or-) **
	bile Liability Private		
Passen	•	Name of the second of the seco	
Comme		4	
	bile Physical Damag		
	Passenger	***************************************	
Comme			
Liability	Other Than Auto		
	y and Theft		
Glass			
Fidelity			
Surety			
Boiler a	nd Machinery		
Fire			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Extende	ed Coverage		
Inland N			
Homeo	wners		
Comme	rcial Multi-Peril		
Crop Ha			
•	orkers Compensation	1,698,990	-5.74
	Line of Insurance		
	s? If so,	ain territory (territories) or	certain
		filing follows rates of an a	dvisory
organiz	zation, specify	NCCI 01/01/2014 Loss Co	osts Filing, NCCI State Filing Circula
	•	140010110112014 2033 00	osts Filling, 1400Fotate Filling Circular
IL-2013-0	lO		
	ed to reflect all prior rage in Company's pren		ılt from application of new
		Triangle Insurance	e Company, Inc.
			me of Company

Kim Olson, Manager, Products & Compliance

#### FORM RF-3

han	ge in Company's premium or rate level produced by rate	e revision effective	January 1, 2014
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
4	Č	,	• , ,
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
١.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
<del>)</del> .	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril	<del></del>	
4.	Crop Hail		
5.	Workers Compensation	468,963	-4.2%
6.	Other		
	Line of Insurance		
		No.	
oes	filing only apply to certain territory (territories) or certain	classes? If so, specify No.	<u> </u>
			Alara af NICOL
	description of filing (if filing follows rates of an advisory of kers Compensation loss costs and rating valu		otion of NCCI approved
01	kers compensation loss costs and rating vaid	des per NCCI Circular IL-2013-03.	
*	Adjusted to reflect all prior rate changes Changes in Company's premium level which will result	t from application of new rates.	
		United States Fidelity	and Guaranty Company
		Name of Co	

#### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium o	or rate level produced by rate revision
effective 04/01/2014	•

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		<u> </u>
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,147,149	5.4%
	Life of Insurance		
*	Does filing only apply to certa Classes? If so,	in territory (territories) or	certain
	specify: N/A		
	<u></u>		· · · · · · · · · · · · · · · · · · ·
	Brief description of filing. (If f	iling follows rates of an ac	fvisory
	Organization, specify	imig renevie rates er arrae	
	organization):	With this filing we are a	dopting the rate revisions set
	forth in NCCI Circulars IL-2012-04		
	The Mailers class has been incorpo	orated into the All Other deviat	ion.
	*Adjusted to reflect all prior ra	ite changes.	
	**Change in Company's prem	nium level which will result	from application of new
	rates.		
		Litian Mutual Incura	naa Campany

Utica Mutual Insurance Company

Name of Company
Diane Hausserman, Assistant Vice President & Managing Actuary

Change	in Company's premium or rate level produced by ra	ate revision effective:	1/1/2014
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
	Coverage	Volume (finitors)	Change ( · or )
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		<del></del>
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		****
14.	Crop Hail		-
15.	Workers Compensation	8,262,571	0.7%
16.	Other:	0,202,371	0.770
10.	other.		•
Does fili	ing only apply to certain territory (territories) or cer	tain classes? If so, specify.	Not Applicable
	scription of filing (if filing follows rates of an advis e are filing to adopt the 1/1/2014 NCCI IL voluntar		effective date of 1/1/2014
	-force Written Premium hange in Company's premium level which will resu	It from application of new rates.	
		Valley Forge Inst	
		Name of 0	Company
		Robert Anderson, ACAS, Ac	ctuarial Consulting Director
	•	Official	

FORM (RF-3)

#### SUMMARY SHEET

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private	volume (minors)	Change (*Or,)
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire	**************************************	
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	·	
	Crop Hail		
	Other Workers Compensation	3,773,865	2.9
	Line of Insurance		
	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
	Adoption of NCCI Workers Compensation F	Peference Filing Number II -2013-03	
	Brief description of filing. (If fi		
	Organization, specify	ally follows rates of art at	uvisory
	organization):	Vanliner Insurance Compa	ny hereby submits for your approva
	our adoption of the NCCI new advisory rate		<del></del>
	*Adjusted to reflect all prior ra **Change in Company's premates.		t from application of new
		Vanliner Insurance	Company
			ne of Company
			omnliance Specialist

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)*
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler & Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	\$103,350	-5.8%
16.	Other:		
		(territories) or certain classes? NO	
lf so, sp Brief de	scription of filing. (If filing follows	(territories) or certain classes? NO s rates of an advisory organization, s nange specified in circular IL-2013-	

Wadena Insurance Company
Name of Company

## FORM (RF-3)

#### **SUMMARY SHEET**

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent _ Change (+or-) **	
Automobile Liability Private	volume (minois)	_ Change (+Or-)	
Passenger			
Commercial			
Automobile Physical Damag		<u></u>	
Private Passenger			
Commercial			
Liability Other Than Auto			
Burglary and Theft			
Glass			
Fidelity			
Surety			
Boiler and Machinery			
Fire			
Extended Coverage			
Inland Marine			
Homeowners			
Commercial Multi-Peril			
Crop Hail			
Other Workers' Compensation	\$5,198,432	10.5%	
Life of Insurance			
Does filing only apply to certain territory (territories) or certain			
Classes? If so,			
specify: NO	······································		
Priof description of filing. (If filing follows rates of an advisor)			
Brief description of filing. (If filing follows rates of an advisory Organization, specify			
organization):	Change LCM from 2.349 to	o 2.802 to coincide with the NC	
cost change effective 1/1/2014.			
oost sharing on control 17 1720 1 1.			
*Adjusted to reflect all prior ra	ite changes.		
**Change in Company's prem	•	t from application of ne	
rates.		• •	
	Work First Casualty	v Company	

Name of Company
Bruce Winterrowd, Vice-President of Underwriting/Marketing

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate le	vel produced by rate revision effective	1/1/2014
	<b>(1)</b>	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		·
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	2,479,609	-5.80%
	Line of Insurance		
D	#li	amitarias) ar asutain alassa 2 Kara anasif u	
DO	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	No.
Brie	ef description of filing. (If filing follows r	ates of an advisory organization, specify org	anization):
Ado	ot loss costs eff 1/1/2014		
	ijusted to reflect all prior rate changes.		
**C	hange in Company's premium level wh	nich will result from application of new rates.	•
		XL Insurance America, Inc.	
		Na	ame of Company
		Joe Binkowski, Vice President	
			Official – Title

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's-premium or-rate-le	vel produced by rate revision effective	1/1/2014
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
. — .	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	11,977,150	-5.80%
	Line of Insurance		
_	SI I I I I I I I I I I I I I I I I I I		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	No.
		ates of an advisory organization, specify organization	anization):
Adop	ot loss costs eff 1/1/2014		
,			
* ^ ~	iveted to reflect all prior rate changes		
	justed to reflect all prior rate changes.	nich will result from application of new rates.	
	nange in Company's premium level wi	iich wiii resuit nom application of new rates.	·
		XL Specialty Insurance Compa	iny
		Na	me of Company
		Joe Binkowski, Vice President	
			Official – Title
		•	Jiilolai — Tillo

## ILLINOIS SUMMARY SHEET FORM RF-3

Ch	ange in company's premium or rate level produ	ced by rate revision effective	1/1/2014	
	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
1.	Coverage  Automobile Liability  Private Passenger	volume (minois)	Change (+ or -)	
	Commercial			
2.	Automobile Physical Damage Private Passenger Commercial		· — —	
3.	Liability Other than Auto	-		
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety		<del></del>	
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners	-		
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers' Compensation	13,522,285	-2.0%	
16.	Other Line of Insurance		· · · · · · · · · · · · · · · · · · ·	
Do	es filing only apply to certain territory (territories	s) or certain classes? If so, spec	ify <u>No</u>	
ado	ef description of filing (if filing follows rates of aroupt the approved NCCI rates effective Janu 85 to 1.00.			e filing to deviation
*	Adjusted to reflect all prior rate changes. Change in company's premium level which wil	ll result from application of new i	rates.	
			Zenith Insurance Company	
			Name of Company	
		Jason Clarke, I	Executive Vice President &	Chief Actus